

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 19, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P99000090017**

1. Entity Name  
**FE BAY PROPERTY, INC.**



Principal Place of Business  
**1095 N. SHORE DRIVE  
MIAMI BEACH, FL 33141**

Mailing Address  
**1095 N. SHORE DRIVE  
MIAMI BEACH, FL 33141**

**DO NOT WRITE IN THIS SPACE**



03132005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>65-0959641</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**BRILL, RYAN  
1095 N. SHORE DRIVE  
MIAMI BEACH, FL 33141**

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when restatefing)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

U000000269436

03/19/05-80011-022 150.00

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME BRILL, RYAN  
STREET ADDRESS 1095 N. SHORE DRIVE  
CITY-ST-ZIP MIAMI BEACH, FL 33141

TITLE TD  
NAME BRILL, KEVIN  
STREET ADDRESS 1095 N. SHORE DRIVE  
CITY-ST-ZIP MIAMI BEACH, FL 33141

TITLE VSD  
NAME BRILL, SARA  
STREET ADDRESS 1095 N. SHORE DRIVE  
CITY-ST-ZIP MIAMI BEACH, FL 33141

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-19-05**

Date

**305 244 0606**

Daytime Phone #